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| | | | |
|---|--|--------------------------|------------------------|
| <div style="text-align: center;">FEE TRANSMITTAL For FY 2008</div> <div><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> | | Complete if Known | |
| | | Application Number | 09/874,907-Conf. #3602 |
| | | Filing Date | June 5, 2001 |
| | | First Named Inventor | Jon A. Weidanz |
| | | Examiner Name | R. B. Schwadron |
| | | Art Unit | 1644 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 930.00 |
| | | Attorney Docket No. | 49890(48340) |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 20 = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 3 = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x _____ | _____ | _____ |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): | |
| 2453 Petition to revive unintentionally abandoned app... | 770.00 |
| 2253 Extension for response within third month | 525.00 |
| 2901 Request for continued examination (RCE) (see 37 ... | 405.00 |

SUBMITTED BY
Signature: _____
Name (Print Type): Jonathan M. Sparks, Ph.D.
Registration No. (Attorney/Agent): 53,624
Telephone: (617) 517-5543
Date: March 19, 2008

663745



Application No. (if known): 09/874,907

Attorney Docket No.: 49890(48340)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 005395755 US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 19, 2008
Date

Signature

Jonathan M. Sparks, Ph.D.

Typed or printed name of person signing Certificate

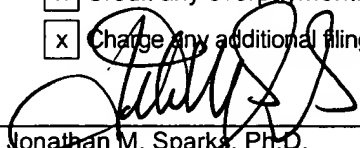
53,624
Registration Number, if applicable

(617) 517-5543
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment Filed With A Request For Continued Prosecution (22 pages)
Declaration Under 35 USC 1.131 (12 pages)
Petition to Revive Application Unintentionally Abandoned (2 pages)
Sequence Listing Diskette
Sequence Listing Paper Copy (2 pages)
Sequence Listing Statement (1 page)
Charge \$1700.00 to deposit account 04-1105



| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 49890(48340) | |
|--|---|---|-----------------------------------|----------------|
| Application No. 09/874,907-Conf. #3602 | Filing Date June 5, 2001 | Examiner R. B. Schwadron | Art Unit 1644 | |
| Applicant(s): Jon A. Weidanz et al. | | | | |
| Invention: T CELL RECEPTOR FUSIONS AND CONJUGATES AND METHODS OF USE THEREOF | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | | - 20 = | | x |
| Independent Claims | | - 3 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1.114), Petition to revive unintentionally abandoned application | | | | 1770.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 1770.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>1700.00</u> . A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Jonathan M. Sparks, Ph.D. Attorney/Agent Reg. No.: 53,624 | | | Dated: <u>March 19, 2008</u> | |
| EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5543 | | | | |